

**Sports Medicine Application 2025-2026**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Description:**

* **Assist with hydrating players and coaches at practices and games.**
* **Assist with all sports med and football equipment (organizing, prep, and cleaning up before and after practices/games).**
* **Assist in daily operation of program.**
* **May assist Coach Slay, when needed, with First Aid and equipment repairs.**

**Job Requirements:**

* **Maintain a passing average in all classes (No failing).**
* **Maintain excellent conduct in school, outside of school, and at all functions. Any conduct concerns will be dealt with as needed. Coach Slay has the right to dismiss anyone from the team for failure to comply with the rules.**
* **Required to attend spring training, summer workouts, summer 7-on-7 tournaments, football practices, and all football/basketball games once season starts. If there are any conflicts with practices/games, Coach Slay must be notified of any conflicting days, with at least a 24 hour notice.**
* **Spring football evaluation (April 21-23, 4:00 -6:00)**
* **Summer football practices are M-T-Th from 5-7 p.m.**
* **Fall practices will begin in August, M & T 3:30-5:30, W 3:30-5. Games will be held every Thursday. All girls will need to be attendance from after school until everything is put away after games (roughly about 10 pm).**
* **Basketball season, the only requirement is attending scheduled games (no practices).**
* **All sports medicine members must purchase their gear. Mandatory gear will be a t-shirt, rain jacket, and backpack. There will be extra gear available but not required. Total cost may be around $100-$150. All gear is purchased through BSN Sports and a shop will be available to purchase gear online.**
* **Participation in the football fundraiser is mandatory to help pay for food (all team members are fed before and after football games) and travel.**

**Due with Application**

**\* Sports Medicine General Info. & Questionnaire filled out completely.**

**\* Sports Medicine Evaluation Form filled out by one teacher. It can be turned in by email or by placing form in my box in the front office.**

**\* All forms are due by Coach Slay on Friday, April 11 by 3:00. They can be given in person or by email to laci.slay@acboe.net**

**\*Failure to follow all instructions listed above will result in NOT being considered for the position.**

**Student Questionnaire**

**Answer each question in complete sentences to the best of your ability.**

1. **Why do you want to be on the PJHS Sports Medicine Team?**
2. **Describe your strengths and how they will be best used on the team?**
3. **Are you able to handle criticism? Explain with an example.**
4. **How well do you understand the game of football?**
5. **Describe how you would adapt to constant changing environments? Meaning, how do you handle change and what would you do in a situation that is never constant?**

**Sports Medicine Teacher Evaluation Form**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill out the following questions on the student who gave you this evaluation form. Give your honest opinion and feedback on how they will be represent the PJHS Sports Medicine Team. This form is confidential, and should not be given back to the student.**

**On a scale of 1-5, with 5 being the greatest and 1 and being the least, please the circle the best choice to the question.**

1. **How responsible is this student?**

**1 2 3 4 5**

1. **Is this student able to work without supervision?**

**1 2 3 4 5**

1. **How well does this student get along with others and work in groups?**

**1 2 3 4 5**

1. **How is the student’s behavior in class?**

**1 2 3 4 5**

1. **How are the student’s grades in your class?**

**1 2 3 4 5**

**Comments:**

**Please place in the PE box in the front office at PJHS by Friday, April 11 at 3 pm. You can also email a copy of this form if you are unable to deliver it in person to** [**laci.slay@acboe.net**](mailto:laci.slay@acboe.net)**.**

**Thank you for your help!**